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"If I Had My Health ": Ideas about Illness and Healing in the Lisle Letters

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"IF I HAD MY HEALTH...":
IDEAS ABOUT ILLNESS AND HEALING IN THE LISLE LETTERS

A Thesis

Presented to

The Faculty of the Department of History
The College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts

by
Meg Mitchell

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APPROVAL SHEET

This thesis is submitted in partial fulfillment of
the requirements for the degree

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ABSTRACT

In the study of medical history, it is important to establish the chronology and geography of diseases in the past, but it is equally important to see how disease affected individuals, how it shaped their concept of illness and of healing. In order to understand popular medical attitudes in Tudor England, it is useful to examine a source of information such as The Lisle Letters, edited by Muriel St. Clare Byrne. A collection of letters dated from 1533 to 1540, it contains information on economic, social, and political aspects of Tudor Society, as well as medical aspects.

The Lisle Letters provides a window into popular attitudes toward disease and doctors among the upper classes in the sixteenth century. These attitudes resulted in part from a simple fear of becoming ill. The writers of the letters believed that illness could be sent by God because of His anger over man's sinful ways. Illness was also thought to be caused by an imbalance of humors, as Galen believed, or by an unfavorable alignment of the planets.

Since it was believed that illness could be caused by a number of things, the Lisles and their correspondents employed a many-tiered system to try to cure disease. At times, they believed, prayer, confession, and penance might be all that could help. The upper classes also looked to university trained physicians for help, but the doctors' unpleasant purges, blood-lettings, and high prices were disliked. Tudor men and women also used remedies which could be concocted at home or bought at the apothecary's.

But one of the common ways of coping with illness and pain seems to have been to discuss it with friends and family. Describing physical problems in detail, as the writers of these letters did, was apparently neither impolite nor indiscrete, and it indicates that illness was accepted as a part of everyday life. From The Lisle Letters it can be seen that sixteenth-century people reacted to illness with the same distress and dismay that anyone might feel. They worried about the health of their family and friends, yet they carried on. Most importantly, perhaps, they could discuss their difficulties with others: they had the comfort of knowing that they were not alone in their suffering.

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"IF I HAD MY HEALTH...":
IDEAS ABOUT ILLNESS AND HEALING IN THE LISLE LETTERS

Chapter I: The Lisle Letters as a Source of Medical History

-Introduction-

Sixteenth century England saw great social, political, and economic change, but it lagged behind continental centers of learning, especially in Italy, in its medical advancement. At least one historian, Goldwin Smith, has said that "the great advances in art and literature and exploration and science in Tudor England were not equalled by the development of medicine."¹ Still, sixteenth-century England was not completely stagnant in this field: Henry VIII granted a charter for the Royal College of Physicians in 1518 and employed the humanist, Italian-educated Thomas Linacre, as a court physician. The medical faculties at Oxford and Cambridge also increased during this time, and there was a great proliferation of vernacular medical literature, an indication that people outside the circle of elites were interested in the practice of medicine.

Advancing rapidly or not, the medical knowledge, as well as popular conceptions, of disease in Tudor England are facets of culture worthy of examination if the period as a whole is to be understood. It is certainly important to understand the geography and chronology of disease during this time, but it is equally important to see how disease affected individuals, how it shaped their concept of illness

and healing. Owsei Tempkin has said that in the study of medical history, intellectual comprehension must be through concepts, and thus the history of concepts extends over all that is observed, thought, and done in medicine. He asserts that the aim of the historical analysis of a concept must be to "lay bare the ingredients that have entered into our medical thinking, though we may not be aware of them."²

To appreciate all the "ingredients" that went into medical thought in Tudor England, as well as the popular expression of this thought, it is useful to examine a source such as The Lisle Letters, edited by Muriel St. Clare Byrne. A collection of letters dating from 1533 to 1540, it includes principally the correspondence of three people: Arthur Platanet, Viscount Lisle; Honor, Lady Lisle, his second wife; and John Husee, their "man of business" in London. The letters also include correspondence from more well-known figures of Tudor history such as Thomas Cromwell and Cardinal Wolsey.

-The Lisles-

The letters cover the period of Lisle's appointment as governor general of Calais, (1533-1540). These are the years of Thomas Cromwell's rise and fall from power, of Henry VIII's break with Rome, the religious settlement, the dissolution of the monasteries, and the Pilgrimage of Grace.

During these seven years, Anne Boleyn, Sir Thomas More, and Bishop Fisher were executed, and Edward VI was born.³ Set against this background, the letters deal with the Lisles' business concerns in London, the governing of Calais, the raising of the Lisles' children, the family's social activities, and the Lisles' involvement in the political goings-on of the day.

Arthur Plantagenet, Viscount Lisle, (1464?-1542), was the illegitimate son of Edward IV, the last Plantagenet king. Lisle's blood was acknowledged as openly as his illegitimacy, and he claimed kinship with many important families of the day. Lord Lisle was a "boon companion" to Henry VIII and had accompanied the king to the Field of the Cloth of Gold. Lisle's second wife, the one who figures in these letters, was Honor Grenville, a widow with seven children. Until 1533, Lisle lived a life much like that of any Tudor noble or gentleman: spending a certain amount of time at court, a certain amount of time on administrative duties for the government, and a certain amount of time managing his own estates. In 1533, Lisle was appointed to his post in Calais, and he removed his household across the Channel. He remained in office until 1540.⁴ The editor of the volumes, Muriel St. Clare Byrne, says that the letters,

give an amazingly comprehensive
picture of the life and interests of

people of rank in the first half of the Tudor century. They show us the very bones and structure of the social fabric, illustrating to perfection the way in which everybody who was anybody knew everyone else who mattered.⁵

In this collection there are letters dealing with all aspects of the lives of the Lisle family. Many letters are directed to or came from John Husee, Lisle's "man of business." Husee was often in London during the time that Lisle was in Calais and was in charge of Lisle's financial, legal, and personal concerns there. Other letters include correspondence with members of the older nobility to whom Lisle was related, as well as other of the king's intimates and attendants. Letters from churchmen also make up a large part of the collection. The important clerics who figure in the letters include Archbishop Cranmer, Stephen Gardiner, and Edmund Bonner. This collection also includes letters from wealthy London merchants, the personnel at Calais, the Lisle's servants, and Lady Lisle's children from her first marriage.⁶

Lisle was charged with treason and recalled to London in 1540. He was accused, probably falsely, of collaborating in a Catholic plot in Calais and so was arrested and imprisoned, Byrne believes, by an anxious Cromwell as a tactic to try to delay Cromwell's own downfall. The commissioners responsible for confiscating

Lisle's papers did not discriminate, taking both business and personal letters and even such things as bills, prescriptions, and notes refusing invitations to dinner. Lisle spent nearly two years in prison pending a decision by the king on his case. Finally, in March 1542, the king pardoned Lisle, but ironically, Lisle died that very same night.⁷

The view which these letters give us of Tudor society is definitely an upper-class view. It is the correspondence of wealthy people, those who made official policy and those who carried it out. That these people were involved in the governing of the country meant that they took part in the great political, religious, and social changes occurring in society at that time. The view which is reflected is colored by their social standing. In the area of medicine, this means that they were the people who could afford the care of a doctor, though this does not mean that we will not also find evidence of home remedies in their exchanges.

In the letters, we can find a wealth of information on economic, social, and political aspects of Tudor society as well as medical aspects. In using this particular source, perhaps the historian can see that a society's ideas about health and medicine are as important a part of its history as its ideas about politics or religion. The correspondence found in the

Lisle Letters allows the historian a little window into Tudor society, into its fears and prejudices, its politics and its pastimes; it may make it easier to see how the history of medicine is but a part of the history of the whole of society.

Just as this correspondence reflects the lifestyles and opinions of the Lisles and their associates and friends, so does the published collection of the letters reflect the vision of the editor. Muriel St. Clare Byrne says that "It is the duty of an editor to make deductions, to form opinions, and to endeavour to draw conclusions from facts--and the lack of them--when material had been assembled."⁸ Byrne included in her edition only about half of the three thousand Lisle letters in the Public Record Office. She modernized the spelling and punctuation, and arranged some of the letters chronologically, some thematically. Before one attempts to use these letters to glean information about any aspect of social history, he or she must remember that the editor's choice of which ones to include and which to leave out, as well as how to present them, has influenced the picture of the history which the letters present. The only way to make the process of gathering evidence more direct would be to view the documents in manuscript form at the P.R.O. in England, unfortunately an impossible undertaking for this study.

The Lisle Letters cannot provide an exact chronology or geography of disease during the sixteenth century, but does give us a vantage point from which to examine popular belief about medicine and healers during this period. To understand why this collection is a useful source of medical history and to evaluate the information it provides us, it will be helpful to examine some of the theories of, and problems in the history of medicine and its sources.

-The Study of Medical History-

The study of the history of medicine is a branch of the study of the whole history of science. Some historians of science have claimed that their discipline is a study of the history of ideas because it examines the thoughts that relate to the theories and facts with which a scientist deals; essentially, scientists study nature and historians study scientists' minds. Yet, the history of science must deal with other things as well, with books, institutions, and the lives of scientists. The history of medicine, especially, must deal not only with ideas but also with "great physicians, hospitals, medical colleges, diseases and epidemics, quacks, drugs, and surgical operations, and with peoples' thoughts on health, disease, and cure."⁹

J. E. Dezeimeris has distinguished between the internal history of medicine ("the art and science of medicine in its development") and the external history ("all things external to medicine which have influenced its course"). He argues that

To write only the internal history would mean writing the complete history of the science, but a history without life, a body without soul. To limit oneself to the external history would mean not to say the first word about the real history of medicine."¹⁰

Whether or not an historian can combine both of these perspectives and see how medical ideas are related to the social context in which they developed depends on the use that he or she makes of the sources of medical history.

The chief sources are literary sources. These include "pre-scientific" manuscripts, pamphlets, books, inscriptions, or other works of literature which describe disease. These sources may be the writings of healers of the past who described their experiences and observations, pictorial sources showing the reactions of people to disease, healers at work, or illustrations of herbs used as curatives. Information about disease can even be had from sources such as poetry, plays, law codes, commercial accounts, and prayer books; non-medical books and documents may contain important evidence about the effect of disease on individuals. All these sources are indispensable to the medical historian, yet R. S.

Roberts asserts that one must remember these works were written with "certain traditional or philosophical assumptions. The task of medical historians is to discover these assumptions before the so-called facts derived from the evidence are put to use."¹¹

One assumption that is common in the modern era but does not hold true for past eras is that physicians are the only ones responsible for medical care in a society. In fact, it is only in relatively recent years that physicians and their roles in society have been more precisely, even legally, defined. People in all societies have worked to avoid disease and to maintain health; a narrow definition of "physician" would not give us a clear picture of their efforts. Henry E. Sigerist, in A History of Medicine, has addressed this problem and concluded that

Medical history, therefore, will study health and disease through the ages, the conditions for health and disease, and the history of all human activities that tended to promote health, to prevent illness and to restore the sick, no matter who the acting individuals were.¹²

In addition to the stricter definition of physicians' roles, the past few decades have also brought great advancement in medical knowledge. It may prove difficult for the modern historian to set aside his or her scientific theories and try to understand how people of the "pre-scientific" era actually viewed disease. R.

S. Roberts has argued that one must be aware of the danger that modern medical knowledge may often appear so comprehensive that its application to the history of medicine may become too rigid.¹³ In order to avoid seeing past medical methods as simply "wrong," and to understand what they say about the society in which they were used, it is helpful to keep in mind the fact that

ideas are the result of the entire material and cultural structure of given period...in order to understand [medical ideas] fully we must be familiar with the other manifestations of that civilization, its philosophy, literature, art, music.¹⁴

There is also the danger which results from modern historians relying upon information from older historians who have used literary source material. Edwin Clarke and B. I. Williams claim that "A great part of the so-called historical writing in medicine is, in fact, based upon secondary, tertiary, or even more remote sources."¹⁵ The medical historian must be aware that his or her material may have been filtered through another writer with his or her own theories and objectives.

Charles Crieghton's History of Epidemics in Britain, first published in 1894 provides an example of the problem. This book contains a great deal of information on the chronology and geography of disease, but Creighton holds some incorrect assumptions. He believes, for example, that epidemics were caused by "soil poisons."

He believes that the virus which caused the Black Death was

not so much as carried by individuals from place to place on their persons, or in their clothes and effects, but rather as a leaven which had passed into the ground, spreading hither and thither therein as if by polarizing the adjacent particles of the soil.¹⁶

In this case, a past medical assumption is wrong, and thus the medical historian must be wary of other assertions that Creighton makes.

A few sources of medical history are much more direct, and, in some cases, more easily interpreted. Skeletons and mummies may be studied for pathological information. Physicians' tools, the instruments with which they actually worked, may give clues as to the practice of the day. However, there are few of these extant. In the study of public health, medical historians can examine structures such as aqueducts, fountains, baths, and hospitals.¹⁷

Historians may also use more strictly "medical" sources, but there may be problems here as well. There are many books and articles which give scientific descriptions of causes and progress of disease. However, these may prove misleading to the medical historian; he or she must remember that diseases are not immutable over the course of history. Thus, it is possible that a modern description of a certain disease would not exactly

fit the pattern of that disease as it occurred in the past.¹⁸ Recent scientific analysis of the history of disease may also be misleading because, as Roberts argues, medical historians may neglect recent medical findings. An example of this is that Hirst and Pollitzer's work of 1953-54 is too often considered to be the standard work on the plague, despite the fact that most scientific research on the plague has been done since that time.¹⁹

Relatively new types of source material include wills and parish registers which preserve a record of births, baptisms, marriages, and deaths. Through these documents, the medical historian can, perhaps, find clearer evidence of phenomena such as increased mortality in plague years or the change in infant mortality over a period of time. The historian then may be able, for example, to correlate literary evidence for plague years with the seasonal distribution of deaths in burial registers.²⁰

However, these "new" sources have their own problems. For instance, parochial registers from the Tudor period, though first ordered to be kept in 1538, do not exist in any great number before Elizabeth I's reign. Even then, many are not original documents but only parchment copies made in the last years of her rule. Parish registers also pose a problem in that they relate

to small geographic areas, and it may be difficult to reconstruct mortality trends over larger regions. Even the best-kept registers record only burials in the local churchyard, not all deaths in the area, and they are subject to the errors of the clerks who compiled them. The combination of these factors may cause the historian to underestimate deaths in time of crisis, if in fact the crisis had not brought all record-keeping to a halt.

Despite these shortcomings, historians such as Paul Slack are very hopeful about the usefulness of such records. Since parish registers do not contain records of all deaths in the parish, they are unlikely ever to overestimate the death rate. The registers are helpful in measuring the incidence of high mortality over a small geographical area, and the historian may then compare information from different areas to try to reconstruct larger patterns.²¹

The medical historian must learn to watch for all of these pitfalls, to accept neither interpretations of literary sources, nor even eyewitness accounts, without taking into consideration the context in which each was written and the biases and beliefs of that particular time. The historian also must understand the limitations of quantitative information. Figures may never lie, but they often prove to be quite tricky to handle. Roberts believes that the solution to some of these problems lies

in the use of a greater variety of sources. He says that it would be very helpful for the historian to integrate further "literary" and "medical" information and be willing to use evidence from a variety of places. The study of medicine in Tudor times, for example, might take into account municipal as well as medical evidence: a study of cases before the Court of Exchequer might illustrate the difficulties of enforcing surgical and medical monopolies.²²

In medical history, as in any type of history, there will always be problems with the use of sources. Paul Veyne has considered the problem of sources and has concluded that the course of events cannot be recomposed like a "mosaic" because, however many documents one may have on any particular subject, the documents must still be indirect and incomplete. Despite this fact, it may often appear that we know everything there is to know about a certain period of time, that we have, in fact, achieved an "integral reconstitution" of the past. Veyne believes that the historian must always be aware that this is an illusion due to the fact that "the documents which provide us with the answers, also dictate the questions to us; in that way they not only leave us in ignorance of many things, but they also leave us ignorant of the fact that we are ignorant."²³

This may be particularly true in areas of medical history where sources are extremely scarce. One example is the history of cholelithiasis, the gallstone disease. It would be interesting to know if this is essentially a disease of more recent times, a product, perhaps, of changed nutritional habits, or if it was also frequent in the past. There are a few passages in Greek medical texts that might refer to gallstones. Beginning in the fifteenth century, however, there is a great deal of evidence for the disease in Europe. It would be wrong to conclude that because there is no mention of the disease in medical sources from antiquity that it was not prevalent then; there are no sources because there were no systematic dissections of human cadavers until the fifteenth century. This is when the disease appears to have become widespread, but it would be dangerous to assume that it did not occur earlier simply because we have no sources to prove that it did. For lack of information, it seems it will be impossible ever to resolve this problem one way or the other.²⁴

The Lisle Letters cannot tell us everything about health and disease during the Tudor period. They cannot tell us how doctors treated every complaint or how all people in Tudor England felt about doctors. Yet they do allow us to see how one group of aristocratic men and women spoke of illness to one another. The writers of the letters

are constantly mentioning their own health and the health of others, their fears, particularly of the plague, and the cures which they have tried. An unwitting source of medical history, the Lisle Letters provides a window into popular ideas about disease, at least among the upper classes, and may help us to see what effect disease might have had on the everyday lives of people such as the Lises. Perhaps we can avoid more easily avoid the prejudices which physicians and healers of the time may have held about their own craft and see more clearly the place of illness and of healers in Tudor society.

Chapter II: Diseases and Other Health Problems

With an understanding of the usefulness of the Lisle Letters for the study of the history of medicine, as well as the limitations of such a source, it is easier to use the letters to investigate sixteenth-century attitudes about health and disease. These include attitudes about doctors and epidemics, as well as more common diseases, and the remedies for both. Keith Thomas has said that when examining the attitudes and beliefs of people in Tudor and Stuart England, one must remember that one of the central features of the time was a "preoccupation with the explanation and relief of human misfortune. There can be no doubt that this concern reflected the hazards of an intensely insecure environment." Tudor and Stuart Englishmen and women seem by modern standards to have been extremely liable to pain, illness, and early death. These problems were aggravated by an unstable food supply; probably about one in six harvests was a failure, and periods of dearth often coincided with the outbreak of epidemics. Thomas asserts that "medical science was helpless before most contemporary hazards to health," and that even by the seventeenth century, "doctors were quite unable to diagnose or treat most contemporary illnesses."¹

In the Lisle Letters there are references to twenty-two different sorts of diseases and health problems. The

ones which appear most frequently in the correspondence are agues and fevers, the stones, and the bubonic plague. Sickness was ever-present in Tudor England, and the frequent mention and frank discussions of it in these letters indicate that it was an accepted part of everyday life. Poor health was not something to be embarrassed about and hidden away; it was something to be discussed and commiserated over with friends and colleagues.

-Epidemics: Bubonic Plague and the Sweating Sickness-

The most feared disease was the bubonic plague. People in the sixteenth century seem to have been constantly worried that this disease would--as John Husee wrote Lord and Lady Lisle in 1536--"reigneth...very hot." John Goerot in his work A Treatise of the Pestilence (1546) expressed the fear which many must have felt over the power and unpredictability of the plague. He wrote,

to speake nothyng of these common and familiar infirmities as lepryes, agues, cankers, pockes, goutes, palsyes,... and other...whyche...can scantlye be appeased with anye cure of medicine, what payne or punyshment can ther be imagined to put us in remembraunce of oure owne wcyckness,... & to call for mercy wyth lamentable hartes, more then this only plage & scourge of god commonly called Pestilence. Is there any syckness [that] is halfe so violent, so furious, and so horryble, as this sycknesse is?²

Goerot went on to assert that among all illnesses "is there none so dangerous, as is the forsaide plage for any

man to cure by the waye of medicine."³ William Bullein also believed that a doctor's medicine might do no good against the onslaught of the plague. He said in his work of 1578, A Dialogue against the fever Pestilence,

how many meanes maie be usedagainste the Pestilence, as good aire, diete, medicines accordingly: the whiche, if it do not prevaile, then cometh on the merciles power of death over all flesh: fearyng no kyng, queene, lorde, laide, bond, or slave, but rather maketh all creatures alike to him.⁴

The plague was so terrifying because it could strike anyone at any time. No one was immune, and no one could say for sure when it would come or what caused it.

John Goerot believed that the first cause of the pestilence was God's displeasure, the second was planetary movements, and the third was "the stench and fylthe vapours that corrupte that ayre whiche we lyve in."⁵ William Bullein claimed to follow the wisdom of Hippocrates in his belief that the cause of the plague was twofold: "the first is common to every man by the corruption of the ayre; The second is private or particular to some men through evill diete, repletion, which bringeth putrefaction, and finally mortification." He also said that an epidemic of plague could be foretold by certain signs: "Oh, the most fearefull Eclipses of the Sunne and Moone, those heavenly bodies, are manifest signes of the pestilence among men, and the starres cadente in the beginnyng of the Harvest or in the moneth of September...verie cold nights and extreme hot daies."⁶

Doctors still had no understanding of the disease as late as the outbreak in London in 1665. The secretary of the Royal Society of Physicians remarked then that "it is a mysterious disease, and I am afraid it will remain so, for all the observations and discourse made of it."⁷

Curiously enough, although the plague was so feared, and could be deadly, it is a disease the outbreak of which requires a very specific set of circumstances. Bubonic plague, the most common form--unlike the more lethal, but rarer, pneumonic and septicaemic forms--does not pass from person to person. Plague is caused by a bacterium (*pasteurella pestis*) which infects the blood of rodents. All sorts of rodents are susceptible to this, but it is the house or black rat (*rattus rattus*) which was responsible for the major epidemics in England because it often lived in the closest proximity to humans.

The rat flea (*xenopsylla cheopis*) transmits the bacteria from the rats to humans. The flea on an infected rat becomes clogged with the bacteria and cannot ingest the blood. When the rat dies of the disease, the flea must look for a new host. Although the flea prefers rodents, if the bacteria has killed off a great number of rats already, the flea may be forced to turn to human hosts. When the flea bites the new host, it regurgitates the infected blood which it could not digest, and thus infects the human's bloodstream.⁸

The bacteria does not multiply fast enough in the human bloodstream to re-infect the flea, and so the bacteria cannot travel from man to man, but must continue the cycle of rat to flea to man. However, the flea can live for up to six weeks in clothing or rags, waiting for a new host to present itself. In this way, it may be transported around the country, from the urban centers to the rural areas.⁹

Towns were always harder hit by plague than the countryside. In urban areas, rats were more likely to live closely with people, thus allowing the disease to spread faster. In England, London was usually the center of dissemination of the plague. The disease generally was of foreign origin: outbreaks in England would follow continental epidemics. Paul Slack says that epidemics in London followed epidemics in Antwerp and that epidemics in Norwich followed those in London or the Low Countries. Port towns, where the ships carrying the infected rats would arrive, were thus more at risk than inland areas. The southeast half of the country appears, on the whole, to have been more prone to epidemics than the northwest half.¹⁰

Bubonic plague almost always had a seasonal occurrence; it would reach its peak in the summer and early fall and taper off with the coming of cooler temperatures. Thus, after 1538 when parish burial registers began to be kept fairly regularly, it is easier to distinguish outbreaks of plague from those of other epidemic diseases. Before 1538,

however, it is often difficult to make this distinction. Historians must rely on literary evidence and on evidence from the probate records of an increase in the number of wills proved to determine the chronology of epidemics. The difficulty with these records is that only a small number of people actually made wills; thus, the probate records would not necessarily reflect increased mortality among the poor or the young. Paul Slack has examined probate records for eight counties for the years before 1560. From this information, he has determined that there were mortality crises in many areas in the 1520s, 1540s, and in the late 1550s. Only the 1530s--the period covered by the Lisle Letters--were relatively stable years.¹¹ For the period after 1538, because of the availability of parish records, evidence is much more plentiful for establishing a chronology of disease, but this takes us beyond the period of the Letters.

However, any examination of aggregate data on mortality for England may be misleading, Slack believes. An example of this problem is that the epidemics, most likely of plague, which struck a number of small towns between 1535 and 1540, had no impact on probate evidence because the disease was confined to the lower classes or because it did not spread from major towns to rural areas. On the other hand, fevers, probably some kind of virus, which had an obvious impact on the national sample of parish registers

between 1657 and 1659, did not cause an extraordinary number of deaths in any of the fourteen towns at which Slack looked. From this comparison, it is obvious that an epidemic might be severe in individual communities, yet not widely dispersed. By the same token, a disease might be spread over a large geographical area and not be particularly severe in any one place.¹²

Taking into account such problems with the records, Slack asserts that there were seventeen periods of crisis mortality between 1500 and 1670, or an average of one a decade. Half of these were probably caused by the plague. The "typical" epidemic of plague might kill between 10 and 12 percent of the inhabitants of the infected community. The unpredictability of outbreaks combined with this high mortality caused great fear of the plague among people of all classes. Slack says of the plague that it "undermined any assurance men might normally find in family and friends, business and prosperity, or even in government and nation."¹³

The bubonic plague was the disease which was most feared by the Lisles and their correspondents. They wrote to keep each other apprised of the latest reports of plague and to warn one another to avoid infected areas. There were constant rumors, both substantiated and unsubstantiated, of outbreaks of the disease, and frequently, people did not know what to believe or on what to base their decisions

concerning travel and business in other areas.

In 1536, it seems that Lady Lisle wished to send her son George to France to continue his education, but she was afraid of an outbreak of the plague there. She received a letter from a priest, Jehan des Gardins, saying that "you are desirous to send to us at St. Omer your son George; the which hath a noble understanding, as heretofore you have written to me but that you feared the sickness. Madame, for this present, there is no danger: the thing has ceased now, thanks be to God."¹⁴

Rumors of plague might affect business plans as well. In April of 1536, John Husee wrote Lord Lisle that Lisle, perhaps, should prepare to travel to London with Cromwell to conduct their business there. Husee said, however, that Lisle should only consider this if "your lordship see that there be no great danger of sickness, for it is somewhat more spoken of here than I think it be there."¹⁵ This is one example of how reports of the plague might get distorted as they traveled from one area to another. In this instance, Husee is advising Lord Lisle to disregard the rumors until he has seen the situation for himself.

Such rumors frequently occasioned great worry for the safety of friends and family. This can be seen in another letter to Lady Lisle from France, from a Madame de Riou, which is dated May 1536. She wrote, "I pray God protect you, advertising you that I was greatly feared before I had

news from you, because it is said here that there is the pestilence in England. I understand by this bearer that it is not so, thanks be to God."¹⁶

The correspondents also wrote about outbreaks which they had seen with their own eyes. Husee wrote to the Lisles from London in April and June of 1537 that "they dieth here in every corner." In September 1537, George Rolle wrote Lady Lisle from Devonshire, reporting that "the world is dead in these parts, by reason of this great plague here yet remaining."¹⁷

When the plague was actually present, wealthy people such as the Lisles could afford to leave the infected area until the danger had passed. The lower classes did not have this option. People of the sixteenth and seventeenth centuries believed that it was good to leave town in order to avoid the "infected airs" which they thought caused the plague. Although they were leaving for the wrong reason, this was, in fact, one of the best preventatives because, in the countryside, people were not as likely to come into contact with the rats which carried the disease as in the city.

In September 1533, William Wayte of Wymering wrote to Lady Lisle from Hampshire about his plans to remove to the country. He said, "Good Madame, I thank my good lord and your ladyship both for your loving counsel for that you willed me to remove for dread of death. I fear it will not

be long ere I shall be constrained of necessity so to do. But if I so do, the old house of Dennemedde shall have the best game."¹⁸ William Wayte seems to have been interested not only in avoiding the plague but also in doing some hunting in the country.

In September of 1534, another correspondent from Hampshire, William Noxton, wrote to Lady Lisle about the pestilence. He reported that

the visitation of God is very sore and extreme in our marine parts, God cease it when his pleasure is! It is not unknown, I doubt not, but that your ladyship have knowledge of the departing of many of your orators and loving friends, whose souls Jesu pardon. I myself...live sometime peacefully at my hermitage of St. Leonards."¹⁹

The royal family was, understandably, among those most fearful of the plague and proclamations were often issued limiting attendance at court during epidemics. Because of the 1536 attack, a royal prohibition limiting attendance at the christening of Prince Edward was issued. In April 1536, Lord Lisle wrote to Cromwell trying to obtain royal authorization to see the king at Dover:

If it might please you to be so good unto me as to get my licence to come over to see the King's Majesty at his Grace's being at Dover (although I tarried but one hour) I would think myself much bound to God and you, insuring you what bruit soever hath been made of death here [in Calais], the worst is but viij persons in iij houses, the householders whereof and also servants and children come not abroad, which I will justify and make answer

unto before the King's Highness.²⁰

On other occasions, perhaps, people saw the royal fears of the plague as a little extreme. John Husee wrote to Lady Lisle in July 1537, saying "your ladyship will not believe how fearful the Queen's Grace is of the sickness; yet the death is not so great as it was last year." Around the same time, Husee wrote to Lord Lisle and reported that "this last time men durst not come at the Court by reason of the proclamation, for they fear death. Howbeit, there is not so sore death as they speak of. Howbeit, the King's pleasure must be obeyed as reason is."²¹

In June of 1534, John Rokewood wrote to Lord Lisle that the king would soon be coming to Calais and that, thus, certain precautions would have to be taken. Rokewood wrote to

shew you that [the king's] pleasure is, you should, if any Contagious or dangerous Sick-ness were within the town of Calais, that you should cause them so diseased to be avoided out of the town; so that as much as you may you shall save the town from dangerous Sick-ness; and that you should cause the town and all the streets and other places thereabouts to be kept as clean as may be.²²

Because of the plague, the Lisle family feared for the safety of Lady Lisle's son, John Basett, who was studying law at the Inns of Court in London. School terms of the universities and the Inns of Court were often delayed or cancelled because of outbreaks of various diseases,

especially of plague. One of John Husee's jobs was to look out for John Basett and to be sure that he was not exposed to the pestilence. The first mention of this concern was in July of 1535, when Husee wrote to Lady Lisle saying, "I think by reason they dieth about Lincoln's Inn Mr. Basset will be all this vacation at Mr. Danastre's, for there is very few of the Inns of Court that doth keep vacation this summer." At this same attack of the plague, Diggory Grenville also wrote to the Lisles on John's behalf, asking them to send John's shirts so John could "ride into the country, for I ensure you there is great death in London."²³ It seems that John left London around the twenty-fourth of August and did not return until at least December 11, 1535.

Sometimes, although Lord and Lady Lisle and John Husee thought it would be best for John Basett to go to the country, he did not want to leave London. In May of 1536, one of Lady Lisle's correspondents wrote her that he had suggested to her son that he leave the city because of the plague, but that John Basett "answered he was not a feared, and that he was far enough out of the contagious air." And in November of that same year, Husee wrote that "Mr. Basett, he will tarry at Lincoln's Inn till vij days before Christmas, which is against my mind, for they dieth daily in the City."²⁴

Husee was concerned for John Basett's health again in the autumns of 1537 and 1538. Yet despite all precautions,

John Basett died in London in mid-April 1541. Muriel St. Clare Byrne says that there is nothing to indicate whether he died of the plague or the sweating sickness or one of the standing infections in London. For 1541, however, there are no indications that there was an attack of bubonic plague.²⁵

There are only two accounts in the Letters of outbreaks of the plague in Calais. The first was the one previously mentioned by Lord Lisle in a letter to Cromwell in 1536, and the other was in the spring of 1539. At this time, both Husee and Thomas Warley wrote the Lises expressing their sympathy. Warley said, "I am sorry to hear of the sickness in Calais, I doubt not but my lord and your good ladyship will keep out of the evil airs."²⁶

Along with the plague, another epidemic disease which was feared in Tudor England was the sweating sickness. This was probably a type of arbovirus: a virus which is transmitted to a mammal or bird host by a variety of mosquitos, ticks, and fleas. It came on very suddenly and for some reason, often affected the upper classes. It seems that the sickness usually struck in June or July and then ended abruptly in August. Guillaume de Bellay, who figures in the Lisle correspondence, described the attack: "One has a little pain in the head and heart. Suddenly a sweat breaks out, and a physician is useless, for whether you wrap yourself up much or little, in four hours, sometimes in two or three, you are dispatched without languishing."²⁷

in 1570, Polydore Vergil, an Italian man of letters at the English Court, described the sweating sickness as

a pestilence horrible indeed, and before which no age could endure, a well-known fact; suddenly a fatal sweat attacked the body wracking it with pains in the head and stomach, moreover there was a terrific sensation of heat...all of them dying immediately or not long after the sweat had begun, so that not one in a hundred evaded it. Nor did any art of medicine or science avail to help it.²⁸

There seem to have been epidemics of the sweat in England in 1485, 1507-1508, 1517, 1528, and 1551. In 1528, both Anne Boleyn and her father were ill of it; in 1517, the king's Latin Secretary and Wolsey were taken with it, and in 1551, it attacked the sons of the Duke of Suffolk. Slack says of the sweat that it "caused high morbidity, especially noticeable among the social elite, that it was a serious scourge in a few scattered rural parishes, but that it had only a minor effect in larger communities."²⁹

At least in this selection of the Lisle letters, such a morbidity is not evident. This is probably because there was not a major outbreak during the period of the correspondence; there is only one mention of the sweating sickness in the letters. In August of 1533, Sir John Russell wrote to Lord Lisle saying, "the king was minded to go to Farnham, and from thence to East Hampstead and so to Windsor. And now he cometh not there because of the Sweat, and he was fain to remove from Guilford to Sutton, Mr. Weston's house, because of the Sweat in likewise."³⁰

-Other Diseases-

Though epidemic diseases were always a danger, the more common fevers, agues, and digestive tract problems also figured very large in the Lises' correspondence. There are constant references to illnesses which interfered with the correspondents' everyday lives. These problems were described in detail in the letters, indicating that illness was a perfectly acceptable topic for sixteenth-century conversations.

Illness was a common topic of discussion because it was such a common occurrence. Many diseases were endemic, or standing diseases in the towns. And these were diseases from which it could be very hard to recover. One of the most expressive accounts of a reoccurring health problem is found in a letter from Thomas Wriothesley to Lord Lisle in November 1538. Wriothesley wrote,

I have a fever quartain, which on my sick day tormenteth me ill; the second day after maketh me so feeble that I cannot go nor do anything: the third day, I am in such fear of the day following, and must observe such diet lest I should take anything that the next day should offend me, that I live like one, between the one and the other, that were half in another world. For by this account, good day I have none.³¹

Another account of a fever which could not be gotten rid of is in a letter from Anthoinette de Sauveuses to Lady

Lisle dated October of 1539. She wrote that "I became so sore sick and my malady so continued throughout six weeks that I could hope for nothing but death. But now, by the grace of God, I am somewhat recovered though still very weak of heart for during my illness I could eat nothing."³²

Many sixteenth-century men and women frequently contracted kidney stones. These were usually caused by a diet deficient in milk.³³ In December 1534, Thomas Broke wrote to Lord Lisle on behalf of John Gough who was "almost dead of the stone and the strangullion in the Court one day, and it is yet so sore pained that he is not able, he saith, to endure labor." And in December of 1535, John Gough still seems to have been troubled by the stones, for John Husee wrote to Lord Lisle that "John Gough, who is very weak, hath delivered the King's New Year's gift for your lordship to Swyfte, who desireth your lordship to pardon him for he... intendeth to be cut for the stone now shortly."³⁴

In many other letters there are references to various illnesses. One woman was "sore diseased with a cough, which grieves her sore." Another had been "afflicted by a catarrh, by the which I have found myself very ill at ease." Thomas Warley wrote that "my fellow Lippincott is very sore handled with the yellow jaundice, and is a very weak man." And John Husee informed Lord Lisle that "my Lord Privy Seal hath been sick of a tertian this x days." Mention is also made of rheumatism, measles, sciatica, colic, smallpox, and

typhus.³⁵

Sixteenth-century men and women seem to have taken for granted that such constant illness would inevitably interrupt their work. Such delays were mentioned frequently in the letters, and they seem to have been expected and understood. Oftentimes, however, the letters which would explain the delay could not even be written because of sickness. John Grenville wrote to Lord Lisle in August of 1533 that "sickness doth reign marvelously in this country. If I had my health I had sent your lordship a hundred letters ere this." And in November 1533, John Kite, Bishop of Carlisle wrote to Lord Lisle asking him to "note no unkindness in me that have been so slow in writing unto you before this; for I think ye will pardon me, considering the case I was in. I assure you there was xij weeks together I could not stir out of my bed."³⁶

There are also instances of specific jobs which could not be completed because of illness. In February 1538, George Rolle wrote to Lord Lisle that because "the plague of pestilence reigneth sore in Toryton and Frystok and in every parish there vj miles distant, and is now come in to Atherington," the men which the Lord Admiral sent "durst not survey there, the plague is so sore." And in October of 1536, John Husee wrote to Lord Lisle that there had been "prepared for Mr. George your son vj yards of velvet for a coat, which had been made long ere this time, save only

there was one sick in the tailor's house that should have made it."³⁷

Although the references to illness in the Lisle Letters cannot help us to establish any exact chronology of disease or of medical knowledge, they do show how frequently health problems were discussed and how Tudor Englishmen and women felt about them. Their problems were not taken for granted despite the fact that they were so frequent. The people of the time could not be said to have become accustomed to pain caused by illness, for they spoke of discomfort often. Nor do they seem to have become callous about the suffering of others; there is evidence of a genuine concern for the health of their family and friends. The correspondents' enquiries into the health of others were not expected to elicit the twentieth-century response of "fine, thank you," whether one was feeling poorly or not. Rather, Tudor men and women seemed to expect a description and explanation of any current health difficulties one might be having.

Chapter III: Physicians and Other Healers

The medical profession of the sixteenth and seventeenth centuries consisted not only of university-trained physicians, but also of many other types of "healers." There was a sort of medical hierarchy with physicians at the top followed by surgeons, apothecaries, midwives and nurses, and "cunning" men and women, the dispensers of folk cures. Theoretically, less educated practitioners were to carry out the instructions and dispense the drugs prescribed by the university-trained physician. In practice, however, physicians were never the only ones giving medical advice. This was a result of the lack of qualified physicians, as well as of the inability of many people of the lower classes to pay for doctors' services.

During the sixteenth and seventeenth centuries, many English physicians received their training at foreign universities which were more advanced than the medical faculties of Oxford and Cambridge. Noted sixteenth-century physicians such as Thomas Linacre and John Caius took their degrees at the University at Padua, and Andrew Boorde took his at Montpelliar in France. These foreign-educated men were the ones who revitalized English medicine. Linacre helped found the Royal College of Physicians in 1518. Caius began the first series of public medical lectures in 1546 on the new anatomical methods of Vesalius, and Boorde published

a great deal of popular vernacular medical literature.¹ To become a physician required many years of training, beginning with an extensive classical education. This liberal education provided the skills that Andrew Boorde believed were essential for the practice of medicine: logic which permitted one to sift the true from the false; rhetoric which provided explanations for decisions; geometry and arithmetic, to weigh and measure drugs; astronomy to calculate the best times to administer them; and natural philosophy.² At Oxford, the prospective doctor had to study medicine for six years, dispute twice, respond once, and witness two anatomies in order to receive a bachelor's degree. To be admitted to practice, one also had to perform two anatomies and effect three cures.³

Though extensive, sixteenth-century medical training was based primarily on the study of Galenic theories. Galen, a physician born in Asia Minor in the second century A.D., developed a humoral theory of medicine which would be influential in Europe until the eighteenth century. This theory held that everything was made up of a combination of four elements, each with its own quality: fire (hot), air (cold), earth (dry), and water (wet). These qualities corresponded to the four "humors," or fluids, which operated in the human body: blood, phlegm, yellow bile, and black bile. The interaction of these humors and their qualities

created the four human "temperaments": sanguine (hot and moist), phlegmatic (cold and moist), choleric (hot and dry), and melancholic (cold and dry).⁴

According to Galen, health depended on a balance of these humors and on the factors which influenced them. In The Castell of Health (1572), Sir Thomas Elyot defined these other factors as "Ayre, Meates and drinke, Slepe and watche, Meving and rest, Emptiness and repletion, and Affections of the mynde."⁵ In order to create the temperaments, there always had to be a preponderance of certain humors, so that in theory, perfect health was unattainable. The physician's job was to try to secure the best health possible for his patient by curing any drastic imbalance of humors which, he believed, could cause disease. This usually was done through blood-letting, sweating, and purging to allow the excess humors to escape the body. Achieving an acceptable balance might involve complicated cycles of such treatments. Andrew Boorde cautioned in his Brieviary of Health (1547) that once ill, a man should not hope for a speedy cure because

sycke men and women be lyke a pece of rustye harnys the which can not be made bryght at the fyrst skourynge, but let a man continewe in the rubbynge and skourynge and then the harnys wyll be bryghte, so in lyke maner a syke man can not be made whole of his malady in the fyrst day but he must continewe with his medecines.⁶

Tudor physicians believed that this Galenic theory was

adequate for diagnosing most any disease. Thus, as W.S.C. Copeman has said in Doctors and Disease in Tudor Times, "their real scientific weakness lay in the paucity of the assured facts at their disposal. It was this atmosphere of unwarranted complacency which chiefly retarded progress towards the birth of the experimental approach to medicine." These physicians were not original thinkers concerned with "unravelling the secrets of nature." They were much more interested in translating works of ancient doctors and attempting to reconcile the ancients' various opinions. Even in investigating something such as anatomy, when it would seem that actual bodies to study would be more accessible than ancient writings about bodies, Tudor physicians based their practice on poor Latin translations of Arabic versions of the anatomical works of Galen. In his work, Vesalius would finally discover that Galen had based these studies mainly on the dissection of pigs and apes.⁷

This strong Galenic influence clearly was seen in the opinions of the physicians who advised the Lisles and their contemporaries, as well as in the attitudes these sixteenth-century people held towards their own bodies and illnesses. However, Muriel St. Clare Byrne believes that medical references in the Lisle Letters often make it seem as though there were no resident physician in Calais to advise the Lisles. Although in the 1534 survey of the household there is a "Phylbert, a physician" listed, in 1537 and 1538, both

Lord and Lady Lisle wrote to London for medical advice. Yet, Phylbert may still have been a member of the Lisles' household, because in 1537 or 1538, Lady Lisle received a letter from a Dr. Le Coop who recommended a treatment which "Mr. Phylbert shall give you."⁸

In Tudor England, status and money allowed one access to better medical advice. This is illustrated by the fact that the Lisles probably had a physician in residence, as well as by the fact the physicians whom they chose to consult had very good credentials. In May 1536, Sir Thomas Warley recommended to Lady Lisle one Sir Richard Chicheley, a priest and Bachelor of Divinity who knows much about "physic, astronomy and surgery" and is "cunning in stilling of waters."⁹ In London, John Husee, Lisle's man of business, consults with a Dr. Crommer who appears frequently in the Letters and Papers of Henry VIII as Dr. Walter Cromer, M.D., alias Abercrombia (Alber Cromy). He was apparently highly thought of by the court and the nobility.¹⁰ A Dr. John Chambre wrote to Lady Lisle in a familiar tone which, Byrne believes, makes it seem as if they were personally acquainted. Chambre was a physician and chaplain to Henry VIII and was one of the six individuals, along with Linacre and Wolsey, to whom the king had issued his letters patent for the founding of the Royal College of Physicians in 1518.¹¹

By late 1537, seemingly lacking trustworthy physicians

in Calais, Lord Lisle wrote to John Husee asking him to obtain medical advice in London. Husee consulted a "strange physician" who recommended a powder of ginger for a "wind under the left ribs." Husee also spoke with one of the king's physicians, who is a little more cautious in prescribing remedies; however, he still showed the Galenic physician's readiness to make a judgement without actually seeing the patient. Husee wrote, "Mr. Doctor Crommer saith, if your lordship will send in writing how your disease taketh you,...and about which ribs your pain is, he will send you a ready remedy. But you must tell your ribs and mark where the most pain is."¹²

The best indication of the pervasiveness of Galenic theory is in a letter from Dr. Le Coop to Lady Lisle, written some time between the autumn of 1537 and the spring of 1538. Byrne thinks that Lady Lisle was suffering from a false pregnancy. In fact, the doctor recognized this and said that

cold and slymysh humours may gather in the mother where is they fortune to stick fast and congeal together, there engendereth with also the blood that is retained a swelling, even like as the woman has conceived, and it doth move himself neither more nor less than if the child were conformed, which deceiveth and abuseth many folks.¹³

As all Galenic physicians, Le Coop relied on ancient writings and told Lady Lisle that "as the ancient physicians do give counsel, men not esteem that any disease may be

healed without to have first put away and avoided the abundance of humours." Le Coop believed that these "cold and slymysh humours" affected his patient so because she was of a "cold complexion" and "delicate flesh." These same humors might affect other people in different ways, causing problems such as shortness of breath, the stone, or the colic if the humors happen to "fall and gather" in another area of the body.¹⁴

Galenic physicians thought that what one ate would greatly affect their balance of humors, and Le Coop recommended a change in diet for Lady Lisle. He said that there ought to be

a great space between your dinners and suppers, and that ye eat not but twice in a day. Ye shall not drink after dinner nor after supper....ye shall not use of cold meats...ye shall not eat any raw fruit nor raw herbs...If you will use of sage in anything, it is profitable for you. All manner of pastry is contrary for you such as tarts, pies, cakes...Madame if it pleaseth you to keep this diet, I trust that ye shall find yourself well and that your disease will go from you.

From this dietary recommendation it is obvious that not all Galenic remedies were unpleasant and unhelpful. However, Le Coop said that the diet ought to begin only after "a small purgation for to make clean all the body, in party to the great abundance of humors."¹⁵

Tudor physicians recommended purging for all manner of ailments from the stone to the colic.¹⁶ It is no wonder

that, as Keith Thomas asserts, "The population at large disliked Galenic physic for its nauseous remedies."¹⁷ Some, though obviously believing in the efficacy of purging, disliked the doctor's medicines so much that they would go to extremes to accomplish the same thing in another manner. In July 1538, Edward Corbett wrote Lord Lisle that Thomas Cromwell was going to "make a start over to Calais at one tide and return again at another, because he would purge and scour his stomach."¹⁸ Purging induced by a physician's medicine must indeed have been awful if seasickness was a preferable way to achieve the same result.

Tudor physicians, Copeman says, saw their patients "against the wide background of the whole living universe, and of a beneficent deity beyond the stars."¹⁹ This belief led men frequently to combine the techniques of astrology and medicine in effecting cures. Medicines, it was believed by both physicians and their patients, would be much more effective when administered in conjunction with favorable planetary events. It seems that in the mid-sixteenth century all but a few skeptics accepted the value of combining astrology and medicine to choose the days for bloodletting or administering medicine; many doctors also cast horoscopes and gave astrological advice on other matters as well.²⁰ Many people also believed that the constellations could actually be the cause of disease. In 1546, Thomas Phayre said in "A Goodly Breyfe Treatyse of the

Pestylence" that "among al other heavenly bodyes, there be two bodyes called evyl and malicious, that is Saturne and Mars, whiche oftentymes are cause of manyfolde infirmityes."²¹ In September 1533, Gilbert de Brumm, a physician, wrote to Lord Lisle and said that he would send Lisle some "cassia and rhubarb" to take "whenever you feel yourself ill at ease." de Brumm advised Lisle that "the moon will be full the next Friday coming, and after that it will be favorable for the taking of medicines."²²

In Tudor and Stuart England, physicians' opinions and astrological events were not the only things which had a role in the explanation and curing of disease; God also played a very important part. Some believed that the physician ought to be God's instrument in determining the causes of illness and curing the sick. John Cotta, in A Short Discoverie of Ignorant Practises of Phisicke (1612), claimed that "wholesome medicines by the hand of the judicious dispenser are as Angels of God sent for the good of men; but in the hands of the unlearned, are messengers of death unto their farther evill."²³

God not only had given man the physician, He had also provided the diseases which afflict man and only by His grace would they be taken away. As the most unmistakable sign of His anger, God might send great epidemics to a whole country, but He could also send illness to one certain person. Thomas Phayre in his preface to A Treatise of the

Pestilence (1596) said that the root of human maladies is "the wyll of god, ryghtfully punyshynge wycked men, of whyche roote the holy scripture treateth in many places..."²⁴ In 1547, Andrew Boorde admonished his readers in their time of illness to remember the pain that Christ suffered for their sakes and to "styke as fast to Christ in [their] paynes and sickenes as Christ did styke fast to the cross."²⁵ And though good physicians, as agents of God, certainly could attempt to cure diseases, some Englishmen thought as did W. Boraton, who said in 1586 that "in the time of Pestilence, Pentiencie and Confession are to be preferred before all other Medicaments."²⁶

The Tudor belief in the place of God in the sending and curing of disease is quite evident in the Lisle Letters. Disease was often seen as a trial sent by God, and, as such, to be borne as part of His unknowable plan. One correspondent referred to her "little trouble that God hath sent me." Another, Anthoinette de Saveuses, wrote of her illness to Lady Lisle in May 1538 saying, "I pray God the pain I suffer may be in remission of my sins." The correspondents constantly speak of their cures coming only "by the grace of God," and "thanks be to God." Often, the people of the time seemed to feel that there was nothing which could be done in time of sickness but wait: "We neither know nor can find remedy to heal her thereof, which shall be when it please God."²⁷

Some people believed, when God so ordained, that the physician's efforts would lead to a speedy recovery. Anthoinette de Saveuses wrote to Lady Lisle again in 1540 about the illness of a friend: "with the great diligence of several good doctors of medicine, who all gave her great and continual care, she was restored, by God's help to a little health."²⁸ The Lord and Lady Lisle themselves did not appear to have doubted the usefulness of contacting a doctor, and they continued to seek physicians' advice throughout the time they were in Calais.

However, there were some in Tudor and Stuart England with strong opinions about the efficacy of "physic." Francis Bacon believed that "empirics and old women" were "more happy many times in their cures than learned physicians."²⁹ Andrew Boorde thought that physicians often were not helpful because they were more reliant on their book learning than on their common sense: "For if doctours of phisicke shulde at al tymes folow theyr bokes, they shulde do more harm than good. And some blynd phisicions wyl say I was taught of such and such a doctour to practyse this thing and [that] thing, such practising doth kyll many men."³⁰

Thomas Sydenham, one of the most famous physicians of the seventeenth century, thought that many people might have been better off had the art of physic never been invented, and that many poor men still had their lives because they

were unable to afford a doctor's services. "Physic," declared Bishop Latimer in 1552, "is a remedy prepared only for rich folks and not for poor; for the poor man is not able to wage the physician."³¹ However, some of Lisle's wealthy correspondents also complained about the fees which doctors charged and felt perhaps that they, too, would have done better never to have consulted a physician. Sir Thomas Palmer wrote to Lord Lisle in June of 1534, saying

yea, and when I was more likelier to have departed this world than to have lived, as two Doctors of Physic beareth witness, whose coming hath brought low and bare both body and purse. But now, thanked be to our Lord, I am very well recovered of my body, and the other lieth at the mercy of my friends whose help I labour to obtain.³²

When hearing of Lady Lisle's illness in March 1538, John Husee wrote expressing his feelings about physicians:

And where your ladyship goeth now to physic, I pray God it may be for your health and that your ladyship be thereby in no danger. If the physician be a man of experience it will be good following his counsel. Your ladyship shall by little and little know whether he doth you any good. If not, it were good to leave off in season. I had liefer he had never been born than he should bring your ladyship to any further inconvenience.³³

This letter expresses well the ambivalence which Tudor Englishmen and women felt about physicians. To some extent, the writers of the letters seemed to respect and employ the Galenic cures which the university-trained physicians of their elite circle recommended. They must have believed in

the efficacy of the remedies to the extent that they used, as Cromwell did in his sea-sickness cure, such things as purging in the remedies which they prescribed for themselves. Yet, to some, the many variables which would determine whether or not a cure would be effective--the planetary alignment, the will of God, the experience of the doctor--made reliance on a physician a risky prospect. There seems to have been a definite sense that physicians might do more harm than good and that one consulted a doctor at one's own risk. To many, this risk, coupled with the high prices which doctors frequently charged, would make home remedies seem rather more appealing.

In a household expense ledger which was included in the Letters, there were only two notes about medical expenses. In a bill during a time when James Bassett was ill, it was recorded: "Item, paid to the apothecary for medicines and other little things bought for him when he was sick jt x iiijs." Another item is noted as "Paid to the doctors who visited him when he was sick and to them that nursed him."³⁴

Physicians, however, were not the only "healers" consulted by Tudor and Stuart Englishmen and women when they were in need of medical advice. Another organized group of medical practitioners was the barber-surgeons. This group was not university-trained and did not, as a rule, deal with the medical theories with which the physician was concerned. Surgeons usually concerned themselves with external problems

such as amputations, broken bones, lancing abscesses, and applying ointments; physicians were more concerned with internal problems and cures. In the Lisle Letters, there were no specific references to consultations with surgeons. This may be a reflection of the feeling in Tudor and Stuart England that surgeons, being less highly trained, catered to the lower classes, while the upper classes ought to consult with the more socially acceptable physicians.

Another very important group of healers included the traditional dispensers of remedies, the "wise" or "cunning" men and women. This group could include such people as village wizards, charmers, conjurers, blessers, and sorcerers whose medical activities may have been only a part of a large range of magical services. The folk lore which underlay the healing charms and homemade remedies that these practitioners provided was a "mixture of common-sensical remedies, based on the accumulated experience of nursing and mid-wifery, combined with inherited lore about the healing properties of plants and minerals. But it also included certain types of ritual healing."³⁵

These cunning folk devised methods for combatting all sorts of maladies. Sometimes these were simply the saying of pre-Reformation Catholic prayers in Latin or semi-religious verse describing supposed episodes in the life of Christ. Other problems might call for the examination of articles of clothing of the sick person, burning or burying

an animal alive, digging holes in churchyards, boiling eggs in urine, or tying salt and herbs in cows' tails. These remedies had special appeal to country people of the lower classes who had no access to a trained physician and, in any case, no money to pay his fees.³⁶

Trained physicians were always alarmed at the ministrations of cunning (and not so cunning) folk, and as the medical profession became more organized, doctors took stronger measures against these healers. Linacre himself may have been the author of the preamble to a 1511 Act of Parliament which aimed to protect people from those "common Artificers, as Smythes, Wevers, and Women, [who] bodely and customably take upon theme grete curis, and thyngis of grete difficultie, in which they partely applie such medycynes unto the disease as to be verey noyous, and nothing metely therefore..." This same act tried to regulate the practice of medicine in London by having all physicians and surgeons examined by the bishop. However, in 1612, as throughout the period, people such as John Cotta could complain of how

all sorts of vile people and unskilled persons without restraint make gainfull traffique by botching in physicke...It is a world to see what swarmes abound in this kinde, not onely Taylors, Shoemakers, Weavers, Midwives, Cookes, and Priests, but Witches, Conjurers, Juglers, and Fortune-tellers.³⁷

In the Lisle Letters, there is no mention of any of the correspondents seeking medical advise from any such folk

practitioners. Perhaps this is another sign that the rich tended to consult with trained physicians and to scorn the cunning men and women who helped the lower classes. This does not mean, however, that the elite circles were not great users of home remedies. In fact, in the sixteenth century, most medicine used by any class of people seems to have been prescribed, concocted, and administered by the families themselves in their own homes. The remedies which the Lisles and their friends tried probably had much in common with the folk lore used by the country healers. Even in 1649, Nicholas Culpepper could claim that "All the Nation are already Physitians. If you ayl any thing, every one you meet, whether man or woman, will prescribe you a medicine for it."³⁸

Chapter IV: Remedies

One way in which sixteenth-century men and women coped with adverse health conditions was to discuss their problems with their friends and colleagues. This has been seen in the descriptions of illnesses which the correspondents in the Lisle Letters gave in their letters, and it can also be seen in the descriptions of the cures which they tried. The correspondents, because they were members of the upper classes, had access to the services of university-trained physicians. Yet, just as often, it seems that the correspondents tried other cures--remedies which they could concoct themselves or buy from a local apothecary. Frequently, they would share the cures which they had found to be effective with one another.

During the sixteenth century, such cures were often compiled into books like Andrew Boorde's Brievyary of helthe (1547) and The Englishman's Treasure (1586), by Thomas Vicary. These were vernacular collections to which the elite, like the Lisles and their friends, would have had access. Paul Slack has studied these works and says, "if we can presume that the collections gave readers what they required, they wanted remedies for common physical pains and common infectious diseases. Toothache and corns, smallpox and dropsy were frequent entries, as were disorders connected with menstruation and pregnancy." Slack has

concluded that remedies for agues and fevers, stones and colic, coughs and phlegm, aches and fevers, and plague were among the most numerous. Although there are no specific references in the letters to the use of such works, these are, as we have seen, among the difficulties of which the writers of the letters complained.¹

Slack also asserts that vernacular medical literature could, perhaps, "assist women in the social elite in giving advice to others."² In the Lisle Letters, it is frequently women who suggest cures and send remedies to one another. One example of this is Lady Lisle's cure for stones. Apparently, she had a remedy for the stones which was very effective and frequently sought after. To be "cut for the stones" was a dangerous and painful operation and was only used when non-surgical methods had failed. In November of 1538, Lord Lisle wrote to Lady Lisle and reported that her remedy for stones had, once again, been very helpful: "your powder for the stone hath saved Highfield's life and the boy's; he made no water from Friday night till Monday noon, who prayeth heartily for you."³

An undated letter from Lord Edmund Howard to Lady Lisle is useful illustrate the frankness of everyday medical discourse of people in the sixteenth century. It also shows that sixteenth-century men and women could have a sense of humor about their problems.

Madame, so it is I have this night after
midnight taken your medicine, for the

which I heartily thank you, for it hath done me much good, and hath caused the stone to break, so now I void much gravel. But for all that, your said medicine hath done me little hon-esty, for it made me piss my bed this night, for the which my wife hath sore beaten me and saying it is children's parts to bepiss their bed. Ye hath made me such a pisser that I dare not this day go abroad.⁴

Muriel St. Clare Byrne suggested that a typical remedy for the stones was probably something like that of Elizabethan Dr. Dee's which Sir Henry Sidney said was made of "white wyne and salat oyle and after that crabs eyes in powder, with the bone in the carp's head" and had to be followed by "toasted cake buttered with sugar and nutmeg on it."⁵ Saxifrage was also a favorite remedy. The Oxford English Dictionary quotes from Turner's Names of Herbs (1548) which says English saxifrage was a plant which "hath leaves lyke smal persely & it groweth in middowes." Thomas Vicary provided no less than seven different remedies for the stones in his book, including this one: "Take Radish rootes, one if it be of bignesse, and strong is sufficient, and scrape it verie cleane, and lay it in Whit wine a night in steepe, then straine the wine, and give the patient to drink."⁶

One of the treatments often found in the Lisle Letters is the use of "cramp rings." These were gold and silver rings which had been held and blessed by the monarch and were thought to have special powers to prevent or cure the

"falling disease," or epilepsy. Originally, this was the only problem which the rings were thought to affect, but later it seems that they were also believed to be helpful against other convulsions, cramps, and rheumatism. There are forty-one references to the exchange of rings, so many that one would think they must have been valued for their help against a number of complaints.

The belief in the usefulness of cramp rings probably came from the belief in the miraculous powers of the rings of Edward the Confessor.⁷ One legend tells that King Edward went to a church in Essex where an old man asked him for alms for the worship of St. John and of God. The king, having no money with him, gave the old man the ring off of his finger. A number of years later, two English pilgrims were lost in the Holy Land. They met an old man in the desert who led them to safety when he learned that they were Englishmen and subjects of King Edward. The old man was the same man that Edward had met in Essex. The legend says that the man was John the Baptist, and he gave the Englishmen the ring to return to their king.⁸

The original ceremony involved the redeeming of money which the king had made as an offering on Good Friday and the converting of it into rings which the king later blessed. Marc Bloch has said that between 1413 and 1441, during the reign of Henry VI, that the ceremony evolved into a ritual of the king simply blessing the rings and rubbing

them with holy oil.⁹

In the ceremony in which Mary Tudor blessed the rings, she prayed,

O God, vouchsafe to bless and sanctify these rings so that those who wear them may be protected from the snares of Satan...and may be preserved from all nervous spasms and the perils of epilepsy.

The queen then rubbed the rings one by one in her hands saying,

O Lord sanctify these rings, sprinkle them with the goodness of thy heavenly dew and benediction, and consecrate them by the rubbing of our hands which Thou hast deigned to bless, according to the order of our ministry, through the anointing of the holy oil, so that what the natural metal cannot effect may be accomplished by the greatness of Thy grace...¹⁰

Keith Thomas asserts that the change in this ceremony between the fourteenth and sixteenth centuries was essentially that "the monarchy deliberately commandeered the older belief in order to build up the supernatural status of kingship." He claims that the monarch's role in the original ceremony was only secondary; but finally, the usefulness of the rings was thought to come from their being touched by the monarch's hands which had been sanctified by the unction of holy oil. The king or queen was able to impart to the rings a power which came directly from God.¹¹

The Lises and their correspondents obviously thought that cramp rings were very useful. There was probably a

certain prestige in being able to obtain these rings since, of course, they had to come originally from the king. Muriel St. Clare Byrne says that it is unclear exactly through what channels one would get the cramp rings, but there are references to people with royal connections such as Edward Foxe, Bishop of Hereford, and George Wolfet, clerk of the Closet to the King, securing cramp rings for Lady Lisle.

There must have been a large number of rings blessed by the king every Good Friday because there are occasional mentions of the gift of a dozen or more, and frequent instances of the exchange of one or two as tokens of friendship. The exchange of rings seems to have been an important social custom, as can be seen in the September 1534 letter from Thomas Leygh to Lady Lisle. He said, "your ladyship shall receive herein closed vj cramp rings; to wit, iij of gold and iij of silver, which I do send you in recompense of such cramp rings as I had of you at my going into Flanders before Whitsuntide last."¹²

The gold rings were more highly valued than the silver, and they were often more difficult to obtain. In May 1536, Husee sent Lord Lisle six silver cramp rings which "with much ado I got of John Williams, who saith that he never had so few of gold as he had this year. The King had most part of them himself." In May of 1538, Husee again sent silver rings, a dozen this time, saying "I perceive gold is very

scant." And finally in April of 1539, Husee had to write Lord Lisle that "as for cramp rings, I can yet get none. What I shall do hereafter, God knoweth."¹³ That people were constantly trying to obtain more cramp rings suggests that they believed that the ring was only effective for a certain period of time, perhaps until the king blessed a new batch on Good Friday.

Strangely enough, there is only one mention in the letters of a specific use to which the cramp rings were put. In July 1537, Edward Foxe, Bishop of Hereford wrote to Lady Lisle, who was apparently pregnant, and said that "Mr. Husee, about Ascension time last past, shewed me that you were desirous to have some cramp rings against the time that you should be brought abed; and I promised him to get a dozen for you."¹⁴ Evidently, a handful of cramp rings were believed to be much more effective than just one. Yet, since this is the only mention of the actual use of the rings, it seems possible that the ability to obtain the rings and the exchange of them with friends and associates were just as important, if not more so, than the belief in any supernatural power that the rings might have over disease.

Another prescription for pregnant women included special curative waters. Sir John Wallop sent a letter to Lord Lisle in December of 1536 along with some of these waters, which said: "against my lady's lying-in I have sent

her two bottles of waters which I brought from Avignon, meet for that purpose, and specially when she draweth nigh the churching time. For she shall be so much the more readier by v or vj days, if she will use the virtue of the same."¹⁵

A medication which was mentioned a number of times was "treacle," which throughout the fifteenth and sixteenth centuries was one of the great panaceas.¹⁶ The Oxford English Dictionary says that it was originally a kind of salve which was used against malignant diseases and as an antidote for poisons. It could include various ingredients such as snake poison, honey, and cumin seeds. In October 1533, Leonard Smyth sent Lady Lisle a box of treacle, and in August of 1538, Husee sent Lady Lisle a box of "tryacle" from her apothecary in London. In August 1539, Husee sent Lord Lisle a box of treacle for which he reports that he paid "xijd."¹⁷

Other curative elixirs mentioned in the letters include a "water imperial" which John Husee wrote to Lord Lisle about in May 1535. The Oxford English Dictionary defines this as a "drink made of cream of tartar, flavored with lemons and sweetened." In October of 1535, Anthoinette de Saveuses wrote to Lady Lisle about a mysterious-sounding concoction, saying "I have sent you a canakin of glass, filled with a confiture called the electuary of life, the which is good against the rheum." The O.E.D. defines an electuary as "A medicinal conserve or paste, consisting of a

powder or other ingredient mixed with honey, preserve, or syrup of some kind." And, in September 1537, Anny Lockerall sent to Lady Lisle a box of "manays Cryste" which was a "cordial for weak or sick persons." The O.E.D. quotes Phillips(1706) who defines this as "refined sugar boil'd with Rosewater, or that of Violets or Cinamon."¹⁸

Anthoinette de Saveuses mentioned the most extraordinary cure in her letter to Lady Lisle dated August 1537. She wrote:

Madame, some time ago I had a fine piece of the tip of a unicorn's horn that was given me by a great lady, of the which I was very careful on account of the property that said unicorn doth possess, and of the which I was very jealous when I perceived that by great mischance I had lost it. I was required to lend it to a sick person the which, when I required it of her again I could not recover it, and hath given me answer that she hath been robbed of it.¹⁹

Not all remedies, as we have seen, were as romantic as a piece of unicorn horn. Most were made of common herb and plants, combined with things such as water, honey, or wine. The various remedies might have contained a number of different ingredients and might have been used against a number of problems; it seems that they were often effective, whether by virtue of their recipes or simply because the men and women believed that they would work, it is hard to say. The sharing of effective medicines seems to have been a common, and probably helpful, practice, and, at least from these letters, the Lisles and their correspondents do not

seem to have doubted the recommendations of their friends like they often doubted the advice of physicians.

-Conclusion-

Although the Lisle Letters do not allow us to establish an exact chronology of diseases or an exact catalog of medical knowledge for the mid-sixteenth century, they can give us a vantage point from which to examine attitudes about medicine and illness during the Tudor period. This viewpoint, admittedly, is limited, yet it is also very focused: these are the attitudes of the members of a small circle of elite men and women over a brief stretch of time. It is important to remember that such documents resolve some questions, but also raise others and, so, leave us ignorant of many things. Although there is a great deal of information in the Lisle Letters, it would be dangerous to extrapolate the ideas of these few correspondents to try to explain the medical attitudes of Tudor society as a whole. We must be satisfied to interpret only this narrow viewpoint, to obtain from it all the information possible, and only then to suggest that this group could be representative of the social elite during the first half of the sixteenth century.

The attitudes held by the Lisles and the men and women of their circle resulted from various influences. One of

the most obvious was simple fear of becoming ill. The Lisles and their correspondents were constantly beset by sickness, and they could know neither when it might strike nor how it could be prevented. The life expectancy at birth of the sixteenth-century nobility may have been only thirty-five or thirty-six years.²⁰ Receiving letters reporting that people "dieth in every corner" and from sick friends saying "good day I have none," must have struck fear into the hearts of the Lisles and their correspondents.

The illnesses which these men and women feared could come at any time, bringing pain from which there was no relief. The fact that they also had no idea about from where disease might come would have only increased their fear. The writers of the Letters do not seem usually to have had a concept of disease as endemic to their environment. Instead, their concept of disease was a much more personal one. Illness was caused by an imbalance of humors in one's body; this could be a result of a dietary problem or simply of a individual's temperament which was prone to have too much or too little of certain humors. Or, illness could be sent by God because of his anger over man's sinful ways. God could send a plague to ravage a whole group of people with whom he was displeased, or He could cause health problems for a certain individual. Other influences on health were much more vaguely expressed. Disease could be carried by "evil airs" or caused by

unfavorable alignments of the planets.

The constant threat of illness and pain and the confusion about its sources led the Lisles and their correspondents to employ a many-tiered system to deal with their health problems. They believed that illness could be caused by a number of things, so naturally they thought that it might be combatted in various ways. If the problem was a pestilence sent by God, there might be nothing one could do but wait for it to cease "when it please God." Prayer, confession, and penance were all that might speed this process along. Other supernatural "remedies" included searching for favorable astrological influences. We also have much evidence in the Letters of belief in the supernatural curative powers of cramp rings. This combined the belief in the power of supernatural aid with the belief in the divine power of the monarch to channel such aid. There are so many references to cramps rings in the correspondence that they must have been believed very efficacious in preventing and curing disease.

Another tier in this multi-layered curative system was the university-trained physicians, whose services members of the upper classes, such as the Lisles, could afford. As we have seen, these physicians practiced Galenic medicine. Though the writers of the Letters often consulted doctors and tried their unpleasant purges and blood-lettings, just as often, the correspondents seem to have had little faith

in the doctors and their remedies. As John Husee wrote: a doctor was only helpful if he was a "man of experience," and if he was not, "it were good to leave off in season." It is ironic that the Lisles and their associates feared both disease and those who were supposed to be most qualified to cure it. This could have led only to a great deal of confusion and doubt.

Paul Slack has asserted that "illness is always a social as well as biological phenomena. It produces strains and anxieties which need treatment as much, if not more than, the disease itself."²¹ If the Lisles and their circle of friends found that physicians could relieve neither the pain nor the anxiety of disease, they were ready to try a remedy which could be concocted at home or bought at the apothecary's. This use of home medicine was the third--although not necessarily the lowest--level of cures which the correspondents tried. "Home" medicine included things such as Honor Lisle's "powder for the stone" and elixirs with grandiose names like "water imperial" and "the electuary of life." The Lisles and their associates were constantly sharing such remedies with one another, and sending as gifts recipes and potions which had proved helpful. And although there is no direct evidence for it in the Letters, these members of the upper class also may have, as the lower classes often did, consulted with local wizards and cunning men and women. People who were so often prey to

horrible illness would, understandably, seek help from any available source; since the writers of the Letters were willing to use cures from any number of places, they may have also sought help from folk healers.

The actual written expression of the Lises and their correspondents may say much about the attitudes that they held about illness and healing. They were much more likely than men and women today to describe their physical problems in detail. This was apparently neither impolite nor indiscrete, and it indicates that they accepted illness as a part of their everyday lives. Although the Lises and their circle of friends had learned to cope, to some extent, with ever-present health problems, they had not learned to ignore pain, for they mentioned it often. Their attitude was not one of callousness toward the sufferings of others, either. In the Letters, there is always a sense of genuine concern and sympathy for their friends and family. One letter which illustrates this well is one from Madame DeBours to Lady Lisle in February 1539. Madame DeBours wrote, "I have been ill for a long time, and no sooner was I restored but the fevers took my grandson d'Agincourt...He is but three years of age. It is of no avail to give him medicine, as it appeareth, so that every day it distresseth and hindereth me that I may not leave the house." Lady Lisle wrote back, saying that she could not "express to you what great grief and dolour it is to me to hear of your sickness, and of your

grandson d'Agincourt who is so sick of a fever."²² It has been asserted that men and women of the pre-industrial age were slower to recognize the individuality of their children because it was likely that the children would die at an early age.²³ Yet, here we see that there was great concern for the health of a small child as well as for his grandmother. These men and women were not insensitive to the pain of others despite the fact that pain was so common.

Constant fear of pain and of illness was an integral part of the lives of the Lisles and their correspondents. They were members of the elite class and would have had access to trained physicians. Yet, it seems that they did not always trust doctors; the correspondents often turned away from doctors and looked for help from home remedies or supernatural powers. These men and women had no single idea about the cause of illness, and thus they looked to no single source for a cure. The Lisles and their friends borrowed freely from religion, physic, and folk medicine in an attempt to end their suffering, and, apparently did not see a contradiction in using this hodge-podge of remedies.

Considering the accomplishments in government and literature and the changes wrought in the English church during the Tudor period, the men and women were amazingly adaptable. They managed to cope with chronic pain, or at least discomfort, that might debilitate twentieth-century men and women. Sixteenth-century people reacted to illness

with the same distress and dismay that anyone might feel. They also worried about the health of their friends and family. Yet, they carried on. They looked for relief to doctors or to God, or they made their own remedies. Most importantly, perhaps, they could discuss their difficulties with others who would have almost certainly experienced the same problem at one time or another: they had the comfort of knowing that they were not alone in their suffering.

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[Notes to pages 62-66]

20. T. H. Hollingsworth, The Demography of the British Peerage, supplement to Population Studies, xviii. (Cambridge: The University Press, 1964), p. 56.
21. Slack, "Mirrors of health," p. 262.
22. Letters., vol. 5, #1353, #1354.
23. Philippe Aries, Centuries of Childhood: a Social History of Family Life. Translated by Robert Baldick. (New York: Random House, 1962).

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